

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

REEL NO.

C478117

FILED DATE

02/10/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	2		4			
TOTAL DEP.	48		101			
TOTAL CLAIMS	50		104			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS